URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-036867

STATE FILE NUMBER

FILED VS OCT 21 1959

Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 51

MENDED

1. PLACE OF DEATH
a. COUNTY Madison
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Fredericktown — Length of stay in 1b Years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 502 Albert Street — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Madison
c. CITY OR TOWN Fredericktown — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 502 Albert Street — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Arthur Middle Edgar Last Womack

4. DATE OF DEATH Month Oct. Day 14, Year 1959

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 8/9/1884
9. AGE (last birthday) 75 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lead Miner - St. Joseph
10b. KIND OF BUSINESS OR INDUSTRY Lead Company
11. BIRTHPLACE (City and state or country) Ste. Genevieve Co., Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME George Womack
13b. MOTHER'S MAIDEN NAME Margaret Berry
14. NAME OF HUSBAND OR WIFE Bertha Womack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Mrs. Bertha Womack - Fredericktown, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Ventricular fibrillation	5 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Auricular fibrillation	10 yrs.
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 1949, to Oct 14, 59 and last saw ~~xx~~ him alive on Oct 12, 1959
Death occurred at 9:35 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. W. Deleyene D.O.
22b. ADDRESS Fredericktown, Missouri
22c. DATE SIGNED 10-15-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct. 17, 1959
23c. NAME OF CEMETERY OR CREMATORY Silver Point cemetery
23d. LOCATION (City, town, or county) (State) Ste. Genevieve County, Mo.

24. FUNERAL DIRECTOR H. Adamson — ADDRESS Fredericktown, Mo.
25. DATE RECD. BY LOCAL REG.
26. REGISTRAR'S SIGNATURE FLORENCE HICKS Lucille Wilson Dep.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4351

P. O. Address FREDERICKTOWN

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.